EXHIBIT C

| Casa 06-10725-gwz Doc 969 | 27_2 E | ntored 07/22/11 14 | -51-50 Day | no 2 of 0 |
|--|---|---|---|---|
| UNITED STATES BANKRUPTO COURT DISTRICT OF NEVADA | | OOF OF CLAIM |) | yo z oi o . |
| Name of Debtor | Case Nu | mber |] | |
| , | | 725-LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative e arising after the commencement of the case A "request" for paymer administrative expense may be filed pursuant to 11 U S C § 503 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE | | |
| Name of Creditor and Address STRICKER, LESLEY 4 STANLEY STREET | | statement giving particulars Check box if you have never received any notices from the bankruptcy court or | DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A | |
| PLEASANTVILLE NY 10570 | | BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the | ONE OF THE DEE | EST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again |
| Creditor Telephone Number ()914–769–7767 | | court | THIS SPACE | E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifie Client ID 1390 Account ID 1137 | es debtor | Check here repla | r a previously | filed claim dated |
| 1 BASIS FOR CLAIM | Retiree l | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal and |
| Goods sold Personal injury/wrongful death | Wages | salaries and compensation (| (fill out below) | Other claims against servicer (not for loan balances) |
| Services performed Taxes | | r digits of your SS# | | (not for loan balances) |
| Money loaned Under (describe briefly) | Unpaid o | compensation for services pe | erformed from | to (date) (date) |
| 2 DATE DEBT WAS INCURRED various—see attached | 3 IF C | OURT JUDGMENT, DATE O | OBTAINED | (date) (date) |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes t | | | | he time case filed |
| See reverse side for important explanations | | SECURED CLAIM | | |
| UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or | h) your claim | Check this box if y | our claım ıs secur | red by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of | f your claim is | a right of setoff) | ee Attache | d Rıder |
| entitled to priority UNSECURED PRIORITY CLAIM | | Brief description of | _ | |
| Check this box if you have an unsecured claim all or part of which is | | Real Estate | | Other |
| entitled to priority | | Value of Collateral | I \$ <u>Unkn</u> | own |
| Amount entitled to priority \$ Specify the priority of the claim | | Amount of arrearage a secured claim, if any | nd other charges \$ <u>Unliquid</u> | <u>at time case filed</u> included in a ted |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B | в) Г | Up to \$2 225* of deposits tow | ard purchase lease | or rental of property or |
| Wages salanes or commissions (up to \$10 000)* earned within 180 da | ays _ | services for personal family | or household use 1 | 1 U S C § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) | | Taxes or penalties owed to go | | * '''' |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | L | Other - Specify applicable pail * Amounts are subject to adju | = : | |
| | | with respect to cases comme | | date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED | 206,76 | - '' | | \$ 206,760.87 |
| (unsecured) Check this box if claim includes interest or other charges in addition to | • | secured) amount of the claim Attach ite | (priority) emized statement o | (Total) f all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been c | | | | |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting do</u> running accounts contracts court judgments, mortgages, securit DOCUMENTS If the documents are not available, explain If the | ocuments. si ty agreemen | uch as promissory notes, pur ts and evidence of perfection | rchase orders inv n of lien DO NO | oices, itemized statements of |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim | | | | |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and | | | | |
| governmental units) BY MAIL TO BMC Group | BY HAND BMC Gro | OR OVERNIGHT DELIVERY TO | 0 [1] | ED JAN 1 0 2007 |
| Attn USACM Claims Docketing Center | Attn US/ | ACM Clayms Docketing Cente | er FIL | EN JHN I O COOL |
| P O Box 911 El Segundo CA 90245-0911 | | st Franklin`Avenue ido, CA 90245 | | |
| DATE SIGN and print the name and title many o | of the creditor of | | | USA CMC |
| this Cam bitschicopy of power of | | er. | | |

| FORM B10 (Official Form 10) (10/05) | | | | |
|--|--|---|--|--|
| UNITED STATES BANKRUPICY COURT | DISTRICT OF Nevada | PROOF OF CLAIM | | |
| Name of Debtor USA Commercial Mortgage Compan | Case Number 06-10725-LBR | | | |
| NOTI- This form should not be used to make a claim for an administrative expense may | y be filed pursuant to 11 U.S.C. \$ 101 | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) TDS Revocable Family TRUST DATED 9-29-98 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars | | | |
| Name and address where notices should be sent C/OT DWIGH Sper + Bonnie SPER TTEES | Check box if you have never received any notices from the bankruptcy court in this case. | | | |
| 1005 Cypress Ridge LN, LAS Vegas Telephone number NV 89144-1425 | address on the envelope sent to you by the court | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of account or other number by which creditor identifies debtor Clent ID No. 2854 | | d claim dated <u>9-25-06</u> | | |
| 1 Basis for Claim Goods soid Services performed Money loaned Personal injury/wrongful death | Retiree benefits as defined in I Wages salaries and compensa Last four digits of your SS # Unpaid compensation for serv | tion (fill out below) | | |
| Taxes SEE EXHIBIT A | (date) | (date) | | |
| 2. Date debt was incurred MAY 30, 2003 | 3. If court judgment, date obtained | • | | |
| 4. Classification of Claim Check the appropriate box or boxes the | | of the claim at the time case file | | |
| See reverse side for important explanations. Unsecured Nonpriority Claim subject 4 of Ex A Check this box if a) there is no collateral or lien securing you by your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority | Secured Claim Check this box if your claim is a right of setoff) | s secured by collateral (including | | |
| Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of the control of the cont | Real Estate Motor | Vehicle Other | | |
| entitled to priority Amount entitled to priority \$ | Amount of arrearage and other chan secured claim, if any \$\(\text{LINE}\) | rges at time case filed included in 2 EXA | | |
| Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(i)(A) (i) | Up to \$2,225* of deposits toward pure or services for personal, family, or ho | rchase lease, or rental of propert ousehold use - 11 USC | | |
| (a)(1)(B) | Taxes or penalties owed to governme | | | |
| Wages, salaries, or commissions (up to \$10 000),* earned within 180 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() business, whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment | | | | |
| Contributions to an employee benefit plan - 11 U S C § 507(| a/2) | | | |
| 5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad interest or additional charges. | (unsecured) (secured) (dittoon to the principal amount of the claim Attach | priority) (Total) th itemized statement of all | | |
| 6. Credits: The amount of all payments on this claim has been | n credited and deducted for the purpose of | THIS SPACE IS FOR COURT USE ONLY | | |
| 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase | | | | |
| orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the | | | | |
| documents are not available explain if the documents are voluminous, attach a summary | | | | |
| addressed envelope and copy of this proof of claim | | | | |
| Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) | | | | |
| 1-11-0/ T. Want Pren, Trus | tre 702-243-5999 | USA CMC | | |
| Penalty for presenting fraudulent claim. Hine of up to \$500 000 of | r imprisonment for up to 5 years or both 18 U S | 1072502191 | | |

Sign and print the name and title if any of the creditor or other person authorized to

file this claim (attach copy of power of attorney if any) BAD# 1980

OME, ATTY FOR CLAIMANT

FORM B10 (Official Form 10) (10/05)

| Cital Bio (Ollicial i Oli | 11 10/(10/00) | | | | |
|--|---|--|--|-------------------------------------|--|
| UNITED STATES BAT | PROOF OF CLAIM | | | | |
| 114 | | 1 | ase Number 6-10725LBR | | |
| NOTE This form should of the case A "request | | | | | |
| debtor owes money or pr | erson or other entity to whom the opperty) | els | neck box if you are aware that anyone the has filed a proof of claim relating to the claim. Attach copy of statement | | |
| X-Factor Inc | | giv | ring particulars teck box if you have never received any | | |
| Name and address where c/o Scott D Flenung Es | 9 | | tices from the bankruptcy court in this | | |
| Hale Lane Peek Denniso 3930 Howard Hughes Pa Las Vegas Nevada 8916 | rkway 4th Floor | Check box if the address differs from the address on the envelope sent to you by the court | | | |
| Telephone number 702 | 222 2500 | | | THIS SPACE IS FOR COURT USE ONLY | |
| | nt or other number by which creditor ount ID 176 | Check if this | claim a pre | viously filed claim, dated | |
| | | İ | amends | | |
| Basis for Claim | | | t below) | | |
| | | T | | | |
| 2 Date debt was incur | rred See Attachment A | 3 If | court judgment, date obtained | | |
|] | Check the appropriate box or boxes tha | t best de | scribe your claim and state the amount of Secured Claim | the claim at the time case filed | |
| 1 | mportant explanations | | Secured Ciaini | | |
| | Claim \$ Unknown (see Attachment A) | | | 11 | |
| a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Check this box if your claim is securing your claim, or a right of setoff) Brief Description of Collateral | | | ured by collateral (including | | |
| Unsecured Priority Cla | | | Real Estate Motor Vehicle | e 🗍 Other | |
| 1 | | | Value of Collateral \$ | | |
| entitled to priority | ou have an unsecured claim all or part of wh | ich is | Amount of arrearage and other charges at time case filed included in | | |
| Amount entitled to prior | ıty | | secured claim if any \$ | | |
| | | | Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use — 11 U S C | | |
| (a)(1)(B) | brigations under 11 0 5 C § 307(a)(1)(A) of | | § 507(a)(7) | mental unit. 11 U.S.C. \$ 507(a)(9) | |
| | | *Amounts are subject to adjustment of | 4/1/07 and every 3 years thereafter | | |
| business whichever is earlier — 11 USC § 507(a)(4) with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan — 11 USC § 507(a)(5) | | | | | |
| 5 Total Amount of Cla | | <u> </u> | \$ <u>Unknown</u> | \$ Unknown | |
| (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges | | | | | |
| 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim | | | | | |
| 7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security | | | | | |
| agreements and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary. 8 Date Stamped Copy. To receive an acknowledgement of the filing of your claim, enclose a stamped self. NOV 10 2006 | | | | | |
| | addressed envelope and copy of this proof of claim | | | | |
| | file this claim (attach copy of power of atte | | | , USA CMC | |
| November 9 2006 /s/ Scott D Fleming Esq | | | | 1072501283 | |

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time on November 13, 2006 for each person or entity (including individuals, partnerships, corporations joint ventures trusts and governmental units)

BY MAIL TO

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn USACM Claims Docketing Center

P O Box 911

El Segundo CA 90245 0911

DATE

| O 23 | 2006

| SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

| O 23 | 2006

| Penalty for presenting fraudulent claim is a line of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §\$ 152 AND 3571

§§ 152 AND 3571

| Case 06-10725-gwz Doc 8687-3 F | ntered 07/22/11 14:51:59 Page 8 of 9 |
|--|--|
| | OOF OF CLAIM |
| , | lumber |
| USA COMMERCAI MORTANCE CO OLO | 10725-LBR |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 | Check box if you are aware that anyone else has filed a proof of claim relating |
| Name of Creditor and Address | to your claim Attach copy of statement giving particulars |
| 11321241001810 | Check box if you have |
| ZOE BROWN 1989 FAMILY TRUST C/O ZOE BROWN TRUSTEE | never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A |
| 2877 PARADISE RD UNIT 803 | BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NO ONE OF THE DEBTORS |
| LAS VEGAS NV 89109-5244 | Check box if this address differs from the address on the lif you have already filed a proof of claim with the |
| | envelope sent to you by the Bankruptcy Court or BMC you do not need to file again |
| Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor | THIS SPACE IS FOR COURT USE ONLY |
| | Check here replaces or a previously filed claim dated if this claim amends |
| 1 BASIS FOR CLAIM Return | e benefits as defined in 11 U S C § 1114(a) Unremitted principal |
| Convece performed Tayon | s, salaries and compensation (fill out below) Other claims against service (not for loan balances) |
| | I compensation for services performed from to |
| 2 DATE DEDT WAS INCUDDED | (date) (date) |
| The state of the s | COURT JUDGMENT, DATE OBTAINED cribe your claim and state the amount of the claim at the time case filed |
| See reverse side for important explanations | SECURED CLAIM |
| UNSECURED NONPRIORITY CLAIM \$ | Check this hav if your claim is sociated by collatoral (including |
| Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim | |
| entitled to priority UNSECURED PRIORITY CLAIM | Brief description of collateral |
| Check this box if you have an unsecured claim all or part of which is | Real Estate Motor Vehicle Other |
| entitled to priority | Value of Collateral \$ <u>75,000.00</u> |
| Amount entitled to priority \$ | Amount of arrearage and other charges at time case filed included in secured claim if any \$ |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan - 11 U S C § 507(a)(5) | Other Specify applicable paragraph of 11 U S C § 507(a) () |
| | * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ \$ 75 | 000.00 \$ \$ 75,000.00 |
| (unsecured) | (secured) (priority) (Total) al amount of the claim Attach itemized statement of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been credited and | |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments mortgages security agreeme DOCUMENTS If the documents are not available explain. If the documents | such as promissory notes purchase orders invoices itemized statements of nts, and evidence of perfection of lien DO NOT SEND ORIGINAL |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the filing o proof of claim | |
| The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevai for each person or entity (including individuals, partnerships, corporate | ing Pacific time, on November 13, 2006 USE ONLY |
| governmental units) BY MAIL TO BY HAN | D OR OVERNIGHT DELIVERY TO FILED OCT 0 5 2006 |
| BMC Group BMC G | oup Table 1 |
| P O Box 911 1330 E | SACM Claims Docketing Center ast Franklin Avenue |
| El Segundo CA 90245-0911 El Segu DATE , SIGN and print the name and title if any of the creditor | ndo CA 90245 Or other person authorized to file |
| this claim (attach copy of power of attorney if any | or other person authorized to file |
| 10/3/08 / Sel 1910 | yma |

Case 06-10725-gwz Doc 8687-3 Entered 07/22/11 14:51:59 Page 9 of 9 FORM B10 (Official Form 19) (10/05)

| | UNITED STATES BA | NKRUPTCY COURT DISTRICT OF NEV | 'ADA (l | Las Vegas) | PROOF OF CLAIM |
|--|---|--|---|---|---|
| ŀ | Name of Debtor Case Number | | | | |
| ŀ | USA Commercial | Mortgage Company | 06-10725-LBR | | |
| | NOTE This form should of the case A' request' | not be used to make a claim for an administ for payment of an administrative expense ma | rative ex y be file | ed pursuant to 11 U S C § 503 | |
| | debtor owes money or pr | • • | ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check box if you have never received any notices from the bankruptcy court in this case. ☐ Check box if the address differs from the address on the envelope sent to you by the court. | | |
| | Zoe Brown 1989 Fa | ımıly Trust | | | |
| | Name and address where c/o Scott D Fleming, Es | q | | | |
| | Hale Lane Peek Denniso 3930 Howard Hughes Pa Las Vegas Nevada 8916 | rkway, 4th Floor | | | |
| | Telephone number 702 | | | | THIS SPACE IS FOR COURT USE ONLY |
| | | nt or other number by which creditor count ID 1856 | Check here ☐ replaces if this claim a prev ☑ amends | | riously filed claim, dated 10/5/06 |
| | 1 Basis for Claim Goods sold Services perform Money loaned Personal mjury/v Taxes | | ☐ W La Ui | ettree benefits as defined in 11 U S C § 17 (ages, salaries, and compensations (fill out ast four digits of SS # | below) |
| | 2 Date debt was incui | rred 2/28/06 | 3 If | court judgment date obtained | |
| 4 Classification of Claim Check the appropriate box or boxes that best See reverse side for important explanations Unsecured Nonpriority Claim \$ Unknown (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U S C § 507(a)(4) | | m, or one or | Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate Motor Vehicle Other Value of Collateral \$ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Up to \$2,225* of deposits toward purchase lease or rental of property | | |
| | | | or services for personal family or h § 507(a)(7) Taxes or penalties owed to government | | |
| | | r's | *Amounts are subject to adjustment of 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment | | |
| | | employee benefit plan — 11 U S C § 507(a) | (3) | A 11 1 | A.T. I. |
| | | num at Time Case Filed m includes interest or other charges in additional charges | on to the | (unsecured) (secured) principal amount of the claim Attach ite | (priority) (Total) mized statement of all |
| | making this proof of Supporting Docume orders, invoices, item agreements, and evid documents are not av Bate-Stamped Copy | at of all payments on this claim has been credictalm claim ents Attach copies of supporting documents mixed statements of running accounts, contract lence of perfection of hen DO NOT SEND (vailable, explain If the documents are volumly To receive an acknowledgement of the filting copy of this proof of claim Sign and print the name and title, if any, of file this claim (attach copy of power of atto- /s/ Scott D Fleming, Esq | such as its, court ORIGIN inous a ing of yo | s promissory notes purchase judgments, mortgages, security AL DOCUMENTS If the ttach a summary our claim, enclose a stamped, self | THIS SPACE IS FOR COURT USE ONLY FILED JAN 1 2 2007 |
| ſ | | | | | |